SURETY BOND

NOTE: TO BE COMPLETED BY BONDING COMPANY. FAILURE TO ACCURATELY COMPLETE THIS FORM WILL CAUSE DELAY. PLEASE TYPE OR PRINT LEGIBLY WITH INK.

lacktriangle	BOND NUMBER	lacktriangle

LET IT BE KNOWN:			
THAT	(OWNER, PARTNERS, LLC OR CORPORAT	TION NAME)	
DOING BUSINESS AS	(ASSUMED BUSINESS I	NAME, IF ANY)	
HAVING PRINCIPAL PLACE OF BUSINESS AT			
WITH ADDITIONAL PLACES OF BUSINESS AT	`	ADDRESS, CITY, STATE, ZIP CODE)	
WITTADDITIONAL LACES OF BUSINESS AT	(/	ADDRESS, CITY, STATE, ZIP CODE)	
		ADDRESS, CITY, STATE, ZIP CODE)	
STATE OF OREGON, AS PRINCIPAL(S), AND		(SURETY NAME)	
	(ADDRESS, CITY, STATE, ZIP CODE)		TELEPHONE NUMBER
A CORPORATION ORGANIZED AND EXISTING UNDER			
TO TRANSACT A SURETY BUSINESS IN THE STATE OF THE PENAL SUM OF \$10,000 FOR THE PAYMENT OF THEIR RESPECTIVE SUCCESSORS, AND ASSIGNS.	OF OREGON, AS SURETY, ARE	HELD AND FIRMLY BOUND	UNTO THE STATE OF OREGON
WHEREAS, THE PRINCIPAL(S) IS APPLYING FOR A D	ISMANTLER CERTIFICATE ISSUE	ED BY THE OREGON DEPA	RTMENT OF TRANSPORTATION.
THE CONDITION OF THIS OBLIGATION IS SUCH THAT CONDUCT A MOTOR VEHICLE DISMANTLING BUSI FRAUD OR FRAUDULENT REPRESENTATION, AND SPECIFIED IN ORS 822.120, THEN AND IN THAT EVE UNLESS CANCELED PURSUANT TO ORS 742.366(2).	NESS IN THIS STATE, SAID PR WITHOUT VIOLATION OF ANY	INCIPAL(S) MUST CONDU OF THE PROVISIONS OF	CT SUCH BUSINESS WITHOUT THE OREGON VEHICLE CODE
THIS BOND IS EFFECTIVE AS OF THE DATE THE PR TRANSPORTATION UNTIL DEPLETED BY CLAIMS PA BY THE SURETY GIVING WRITTEN NOTICE OF SUC DEPARTMENT OF TRANSPORTATION. THIS BOND RENEWED UPON THE RENEWAL OF THE CERTIFICA	ID, UNLESS THE SURETY SOON CH CANCELLATION TO THE DR SHALL EXPIRE UPON EXPIRA	NER CANCELS THE BOND. IVER AND MOTOR VEHICL	THIS BOND MAY BE CANCELED LES DIVISION OF THE OREGON
THIS BOND SHALL BE ONE CONTINUOUS OBLIGAT PENALTY OF THIS BOND REGARDLESS OF WHETHE TERM.			
THIS BOND IS EFFECTIVE(MONTH, DAY, YE	AND EXPIRES _ LTERATION VOIDS TH	(MONTH, DAY, YEAR)	· (BOND MUST EXPIRE ON THE LAST DAY OF THE MONTH. ,
N WITNESS WHEREOF, THE SAID PRINCIPAL A TS AUTHORIZED REPRESENTATIVE OR REPRE	AND SAID SURETY HAVE EAC	CH CAUSED THESE PRE	
THIS DAY OF	(MONTH) , _	(YEAR)	
SNATURE OF OWNER, PARTNER OR CORPORATE OFFICER		TITLE	
SNATURE OF SURETY (AUTHORIZED REPRESENTATIVE)		TITLE	
		Attorney-in-fact	
SURETY'S AGENT OR REPRESENTATIVE MUST	PLACE SUF	RETY SEAL BELOW	
IN THE EVENT A PROBLEM ARISES CONCERNIN	IG THIS BOND, CONTACT:		
AME	TELEPHONE NUMBER		
DDRESS			
ITY, STATE, ZIP CODE			
APPROVED BY ATTORNEY GENER.			
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